

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CENTENNIAL INN (0009443)

Address: 1628 N MAIN ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096374 **End Date:** 02/03/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095925 **End Date:** 09/28/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007224 Served 12/01/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	02/03/2006	Yes

Survey ID: 0095091 **End Date:** 06/13/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007170

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	09/27/2005	Yes
83.13(6)(a)	CRIMINAL RECORDS CHECK	09/27/2005	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	09/27/2005	Yes

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Survey ID: 0092431 **End Date:** 03/26/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006958 Served 05/10/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(g)	CONDITIONS FOR DISCHARGE OR TRANSFER	06/08/2005	Yes
83.16(3)(d)	MISLEAD RESIDENT AS TO LEGAL RIGHTS	06/08/2005	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	06/08/2005	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 11/22/2005 **SOD #10007224** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(m)

Date: 04/30/2004 **SOD #10006958** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.16(3)(d)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 11/08/2005

Date Investigation Completed: 02/03/2006

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/14/2005

Date Investigation Completed: 09/27/2005

Subject Area(s)

ABUSE
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

11/22/05

Date Complaint Received: 04/29/2005

Date Investigation Completed: 06/13/2005

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/12/2004

Date Investigation Completed: 04/14/2004

Subject Area(s)

SUPERVISION
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2003

Date Investigation Completed: 04/14/2004

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 08/28/2003

Date Investigation Completed: 04/14/2004

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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